

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10587648

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		3		1		
6		3		1		
7		4		1		
8		4		1		
9		5		1		
10		5		1		
11		6		1		
12		6		1		
13		7		1		
14		7		1		
15		8		1		
16		8		1		
17		9		1		
18		9		1		
19		10		1		
20		10		1		
21		11		1		
22		11		1		
23		12		1		
24		12		1		
25		13		1		
26		13		1		
27		14		1		
28		14		1		
29		15		1		
30	1		1			
31		15		1		
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		32	←		←
TOTAL CLAIMS			34			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						